English Language Learner Forms

ELL Coordinator Boot Camp September 18, 2014

Arizona Department of Education
Office of English Language Acquisition Services

ELL Forms



Department of Education Office of English Language Acquisition Services

Primary Home Language Other Than English (PHLOTE) Home Language Survey

(Effective April 4, 2011)

These questions are in compliance with Arizona Administrative Code, R7-2-306(B)(1), (2)(a-c).

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

	ed in the home regardless of the language spoken				
2. What is the language most often s	What is the language most often spoken by the student?				
3. What is the language that the stu-	dent first acquired?				
Student Name	Student ID				
Date of Birth	SAIS ID				
Parent/Guardian Signature	Date				
District or Charter					
School					
Please provide a copy of the Home Language Surve	ey to the ELL Coordinator/Main Contact on site.				
In SAIS, please indicate the student's home or prim	nary language.				

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State of Arizona Department of Education Office of English Language Acquisition Services

20___- 20___ Parental Notification and Consent Form for Student Placement in an English Language Learner (ELL) Program

To the parent or guardian of					
	Last Name	First Name	M.I.	SAIS ID	-
	Student I.D.	School		Grade	-
Your student's English proficie results of this assessment show language instruction education	that your student is				
English language learner progra methods to help each student le expectations for the English la achievement standards for grad teachers of special education E Education Plans are incorporat	earn English and me nguage learners (EI e promotion, and t LLs will meet with	eet age appropriate ac .Ls) are to fully transi o graduate from high s the special education	ademic standard tion into mains school at the sar	is are based upon sc ream classes, meet a ne rate as mainstrea	ientific research. The appropriate academic m students. The
The status of your student's aca	demic achievemen	t is: (circle one) belo	w grade level	at grade level	above grade level
Your child has been placed in Structured English In Mainstream Classroo Bilingual Education I	mersion Program* m (English Langua	- ge Learner on Individ	ual Language Lo	earner Plan – ILLP)	
*See the attached LEA program Description includes methodol program will meet the education	ogy, content, instru	ction, goals, use of Er	iglish and a nati	ve language in instr	
A student must meet the follow Total Combined Score, a profic					
Parents have the right to decli program.	ne their student's	enrollment in or to	bave their stud	ent immediately re	moved from an ELL
If you would like more inform child's school.	ation about the prog	gams or instruction, o	r assistance in s	electing a program, p	please contact your
Signature of classroom teacher	language arts teach	er	Date	!	
Signature of parent or legal gua	rdian		Dat	 e	
Parental Notification and Cons weeks of a student registering (nning of each school	l year or within two
This form should be placed in	the student's cum	ulative folder.			
		(Revised: July 20:	3)		
1535	West Jefferson Street,	Phoenix, Arizona 8500	7 • 602-542-0753	• www.ade.az.gov	



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Parent Request for Student Withdrawal from an English Language Learner Program

Student Nan	ne		SAIS ID			
	Last Name	First Name	M.I.			
Student ID_		Current School		Grade		
my student l English Imm with my stud mainstream, is better suit placement. his/her progra	be removed from tersion or Bilingua dent's teacher an non-English Lang ted for my stude While I have with ess in English lang	n of the above named studhis/her designated Engle I Education). I have disdore principal and I ampuage Learner classroom ent's needs and thereford have my child from Eguage acquisition will con A) until he/she scores principal and the students of the stu	ish Language Leamer cussed any altemative requesting that the s It is my belief that thi re, I consent to a m inglish language serviontinue to be monitored	program (Structured e educational options tudent be placed in a is course of instruction ainstream classroom ees, I understand that		
Signature of	parent or legal gua	ardian	Date	·		
FOR OFFIC	E USE ONLY					
Curre	ent <i>Arizona Engli</i> s	h Language Learner Ass	essment Proficiency L	evels:		
Reading		Writing	Total Combin	ned		
		nat I have discussed th gree to place the studer				
Principal's Si	ignature		Date_			
		eft Behind Act [P.L. 107				

Parental Waiver Application

First Name

Student ID#

This form is used by parents to request an alternative to English Language Education, as specified in A.R.S. §15-753. Parents or legal guardians of an English learner must complete this application annually per A.R.S. §15-752.

School Name

District Name

Parent/Guardian Last Name

Child's La	ast Name	First N	ame	Middle Initial		
Address						
City		State AZ	Zip Code			
Native La	nguage of Student	School year for which	the waiver is requested	Grade		
• I p	have personally visited my child's sch have been provided with a fill descr rogram choices and all the educational am applying for a waiver to remov lassroom placement.	iption of the education opportunities available	e to my child.			
ircumstar	or waiver request (to be verified by nces for which a parental exception v nces must be checked:					
la re	Vaiver 1 (A.R.S. §15-753B.1) My c anguage skills, as measured by oral eading, and writing, in which the child r at or above the 5 th grade average, whi	evaluation or standar scores approximately	rdized tests of English voca	bulary comprehension,		
ar e	Waiver 2 (A.R.S. §15-753B.2) My child is 10 years or older: it is the informed belief of the school principal and educational staff that an alternate course of educational study would be better suited to the child's overall educational progress and rapid acquisition of basic English language skills as documented by the analysis of individual student needs; or,					
p st ir al ra n	Vaiver 3 (A.R.S. §15-753B.3) My cl eriod of not less than thirty calendar ubsequently the informed belief of the adividual physical or psychological na lternate course of educational study wa apid acquisition of English. A written eeds for the specific child must be pro vaiver application must contain the o uperintendent of schools.	days during this school principal and eds, above and beyon ould be better suited the description of no less wided and permanently	ool year in an English langue educational staff that the chi nd the student's lack of Engli to the student's overall educa than 250 words documenting y added to the child's official	age classroom and it is ld has such special and ish proficiency, that an tional development and these special individual school records and the		
understar his waive	nd that I must apply for this waiver on er.	an annual basis. I w	as fully informed of my rigi	nt to refuse to agree to		
Signature o	of Parent/ Legal Guardian		Date	☐ Application Granted		
	of School Principal		Date	Application Rejected		
Signature o	of Superintendent (Required Only for W	aiver #3)	Date			
	A: The signed and completed form wit					



State of Arizona Department of Education Office of English Language Acquisition Services

Notification of Reclassification

Dear Parent/Guardian:
(Student Name) was reassessed with the Arizona English Language Learner Assessment (AZELLA) on (Date).
He/She has obtained an "Overall Proficient Level" on the AZELLA. This means that he/she no longer needs ELL program services. While your child has attained fluent English proficient status his/her academic progress will be monitored for the next two years.
If you have any questions or concerns, please contact:
a
District/School Representative Phone
ELL Coordinator/Assessment Administrator Signature
Date
Copy: Student's cumulative file



Department of Education Office of English Language Acquisition Services

Two-Year Monitoring Form for Fluent English Proficient Students

	e				
	nber				
Reclassi	ified				
	Assessment d	ata used to monitor pr	ogress of Fluent English	Proficient (FEP) st	tudents
		Y	ear 1		Year 2
	Test Name	Test Date	Test Score	Test Date	Test Score
State-wide					
State					
			Δ		
School-wide					
-Hoool-					
- N					
		Y	ear 1		Year 2
ther criter	ria used for				
onitoring	the FEP student.				
lent is eli	gible for Compensato	ry Instruction	Year 1 Ye	ear 2	
	gnature-Year One				
1101 5 312	Principle 1 car One				

1535 West Jefferson, Phoenix, Arizona 85007 Voice: (602) 542-0753 Fax: (602) 542-3050



AZELLA Placement Test - Teacher Referral Form

This form must be used to refer a student for AZELLA Placement testing when an AZELLA Placement Test is not required. Student Name School Grade Moving from ELL Services to Mainstream □ Student is currently receiving ELL services or is eligible for ELL services. If the student receives an Overall Proficiency Level of "Proficient" on the AZELLA Placement Test, the student shall be transferred to a mainstream classroom at the first appropriate opportunity. A student in this circumstance must have "Intermediate" or "Proficient" on his/her most recent AZELLA test for the scores identified below and must regularly demonstrate English language proficiency in the classroom. Identify the student's most recent AZELLA test date and scores. Most recent AZELLA test date Overall Proficiency Level □ Intermediate Total Combined Proficiency Level ☐ Intermediate □ Proficient Reading Proficiency Level □ Intermediate □ Proficient □ Proficient Writing Proficiency Level ☐ Intermediate Teacher's justification, including classroom, school-wide, or district-wide assessment information, for referring student for an AZELLA Placement Test: Testing in this circumstance is permitted at either the start of the school year or at mid-year but not at both times. If the retesting is to occur at the start of the school year, the AZELLA Placement Test may not be administered earlier than two weeks prior to the start of the school year nor later than two weeks after the student's enrollment. If the retesting is to occur at mid-year, the AZELLA Placement Test may be administered only during scoring cycle specified in the AZELLA Reference Manual. Parental notification before administering the AZELLA Placement Test is encouraged but not required. Signature Referring Teacher Signature ELL Coordinator Date Signature AZELLA Test Coordinator **AZELLA Placement Test Result** AZELLA Overall Proficiency Level Test Date Classroom Placement:

Mainstream

SEI

ILLP AZELLA Teacher Referral Form - ELL Services to Mainstream May 2013



AZELLA Placement Test - Teacher Referral Form

This form must be used to refer a student for AZELLA Placement testing when an AZELLA Placement Test is not required. District School Grade Moving from Mainstream to ELL Services □ Student is currently in a mainstream classroom and is not eligible for ELL services. If the student receives an Overall Proficiency Level below "Proficient" on the AZELLA Placement Test, the student shall be transferred into ELL services at the first appropriate A student in this circumstance may never have been tested on AZELLA because all PHLOTE questions were answered with English or may have a previous "Proficient" AZELLA score. There must be evidence that the student is having difficulties in the classroom based on a lack of English language proficiency that cannot be adequately addressed with appropriate differentiated instruction in a mainstream classroom. Such evidence should include assessment results, classroom performance, or documentation of interrupted schooling. For monitored FEP students, attach the student's monitoring form. Teacher's justification for referring student for an AZELLA Placement Test: Parent Conference is required. Parent(s)/Guardian(s) must agree to an AZELLA Placement Test and placement in ELL services if the student scores below "Proficient." Signature Parent(s)/Guardian(s) Date Signature Referring Teacher Signature ELL Coordinator Signature AZELLA Test Coordinator AZELLA Placement Test Result AZELLA Overall Proficiency Level Test Date Classroom Placement:

Mainstream

SEI

ILLP □ Bilingual



Arizona Department of Education Office of English Language Acquisition Services

Parental Notification of English Language Learner (, ,). Achievement Determination

As required by NCLB (No Child Left Behind), Sec. 3302 (b)
Date
This notification is to inform you that your child a school district did not meet its Annual Measurable Achievement Objective. (Annual This means that not enough students within the ELL program made adequate progress to meet the objectives set forth by state and federal requirements.
The State has defined Eng. sh Paguage Larner achievement targets that are used to evaluate the effectivener of language in ruction. Each school year, school districts must provide the State with annual Figlish language learn ructions scores which are analyzed to gauge a program's effective.

This letter is only meant to inform you of the district's determination. The district will take the necessary measures needed for improvement.

determine whether the district has met the AMAOs set forth by state and federal requirements.

ELL Compensatory Instruction for English Language Development Written Individualized Compensatory Plan (WICP)

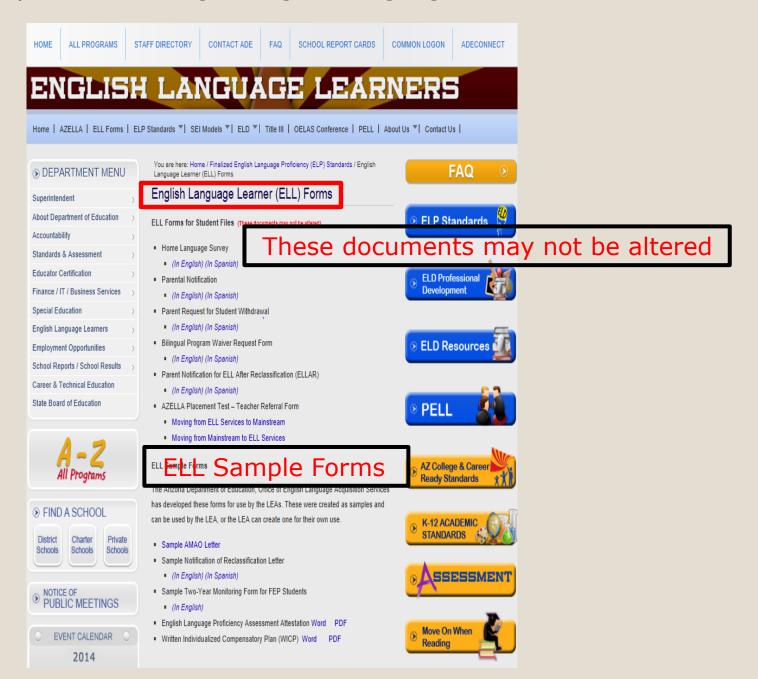
Student Name (Last, Fi	irst):		Da	ite:
School:			School Year:	
Grade:	SAIS Number:		Primary Home Language:	
Student's overall AZEL	LA proficiency level upor	entry into comp	pensatory instruction pr	ogram: (circle one
Pre-Emergent	Emergent	Basic	Intermediate	Proficient
Teacher(s) providing co	ompensatory instruction:			
Types of Compensator Extended day classes	y Instruction to be provid Date started: _		recent FEP student ar Date ended:	
Summer school	Date started: _		Date ended:	
Intersession	Date started:		Date ender.	
Individual instruction	Date started:		Date ended:	
Small group instruction	Date started: _		Date ended:	
Other programs	Date started:		ate ended:	
1 2 3	targeted to improve Eng		<i></i>	
Assessments used in C	Joinpensati Instruction	p /graiii sa	isure progress.	
1				
2				
Teacher provid [©] Compensa	atory auction Date			
Parent	te	Principal		Date

Note: A WICP form is required for each student participating in a Compensatory Instruction Program. This form must be kept in the student's cumulative file. (R7-2-306(F)(4)

http://www.azed.gov/english-language-learners/



http://www.azed.gov/english-language-learners/



Thank You

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602-542-0753